



## Investigation – RI Definitions & Rules for Entering Investigation Information for Animal Rabies

| Brief Description or Field Name       | Description  | RI Rules for Data Entry  |
|---------------------------------------|--|--|
| <b>Jurisdiction</b>                   | The region responsible for the investigation   | <b>Required; RI has only 1 jurisdiction</b>  |
| <b>Program Area</b>                   | The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control. | <b>Required. This is pre-populated based on the condition.</b>   |
| State Case ID                         | Open field to be used by OCD, if needed.   | Leave blank.   |
| <b>Investigation Start Date</b>       | <b>Date the investigation was started.</b>   | <b>Required</b>  |
| <b>Investigation Status</b>           | <b>The status of the investigation: Open or Closed.</b>  | <b>Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed</b> |
| Share record with Guests              | This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.  | Defaults to checked. OK to leave checked. Not in use by RI at this time  |
| <b>Investigator</b>                   | <b>The name of the person who is responsible for the case investigation</b>  | <b>Required.</b><br><b>Quick code = first initial of first name +first 5 letters of last name.</b>   |
| <b>Date assigned to Investigation</b> | <b>The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned</b>  | <b>Required</b>  |



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|--|---|-------------------------|
| Date of Report                                 | Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.   | Required                |
| Reporting Source                               | Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory   | Leave Blank             |
| Earliest Date Reported to County               | Date first reported to County   | Leave blank             |
| Earliest Date Reported to State                | Date first reported to State  | Not required            |
| Reporter                                       | Search table for who Reported the case  | Not required.           |
| Physician                                      | Search table for patient's physician.   | Not required            |
| Was the patient hospitalized for this illness? | Was the patient hospitalized for this illness?  | Not required            |
| Diagnosis Date                                 | Date of diagnosis of condition being reported.  | Not required            |
| Illness Onset Date                             | Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness | Not required            |
| Illness End Date                               | The time at which the disease or condition ends.  | Not required            |
| Illness Duration                               | The length of time this person had this disease or condition.   | Not required.           |
| Age at Onset                                   | Subject's age at the time of the incident   | Required                |
| Is the patient pregnant?                       | Assesses whether or not the patient is pregnant. For Female patients only.  | Not required            |



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| Does the patient have pelvic inflammatory disease?   | Did the patient have PID?   | Leave blank             |
| Did the patient die from this illness?               | Did the patient die from this illness?  | Not required            |
| Is this patient associated with a day care facility? | Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.   | Not required            |
| Is this patient a food handler?                      | Indicates whether the subject of the investigation was food handler.  | Not required            |
| Is this case part of an outbreak?                    | Denotes whether the reported case was associated with an identified outbreak.   | Not required            |
| Where was the disease acquired?                      | Indication of where the disease/condition was likely acquired.  | Not required            |
| Transmission Mode                                    | Code for the mechanism by which disease or condition was acquired by the subject of the investigation.  | Not required            |
| Detection Method                                     | Code for the method by which the public health department was made aware of the case.   | Not required            |
| Confirmation Method                                  | <b>Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown</b> | <b>Required</b>         |
| Confirmation Date                                    | The date the case was confirmed.  | Not required            |



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| <b>Case Status</b>                      | Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case. | Required                |
| <b>MMWR Week</b>                        | MMWR Week for which case information is to be counted for MMWR publication.   | Required.               |
| <b>MMWR Year</b>                        | MMWR Year (YYYY) for which case information is to be counted for MMWR publication.  | Required                |
| <b>General Comments</b>                 | Field which contains general comments for the investigation.  | Enter if needed.        |
| <b>Condition Specific Custom fields</b> |   |                         |
| <b>Vaccinated for Rabies</b>            | <b>Was the exposing animal vaccinated for Rabies Yes, No, or Unknown</b>  | Required                |
| <b>Date Vaccinated</b>                  | The date the exposing animal was vaccinated if answered yes to the above question.  | Enter if known          |
| <b>Date of Exposure</b>                 | Date the animal caused any exposure to a human.   | Enter if known          |
| <b>Species</b>                          | <b>Type of animal</b>   | Required                |

Notes:

**When entering the name of the patient use Species + RI Lab Number**